

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 385601045
Report Date: 08/25/2026
Date Signed: 08/25/2026 02:57:42 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/01/2026** and conducted by Evaluator Yi Sam Jian

		COMPLAINT CONTROL NUMBER: 14-AS-20260501092942	
FACILITY NAME: PORTOLA GARDENS		FACILITY NUMBER:	385601045
ADMINISTRATOR: GREGORY K BOGART		FACILITY TYPE:	740
ADDRESS:	350 UNIVERSITY ST	TELEPHONE:	(415) 337-1587
CITY:	SAN FRANCISCO	STATE: CA	ZIP CODE: 94134
CAPACITY:	132	CENSUS: 125	DATE: 08/25/2026
MET WITH: Gregory Bogart		UNANNOUNCED TIME BEGAN:	12:44 PM
		TIME COMPLETED:	03:15 PM

ALLEGATION(S):

1	Staff do not prevent residents from smoking inside the facility
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INVESTIGATION FINDINGS:

1	On 08/25/2026, Licensing Program Analyst (LPA) Yi Sam Jian conducted an unnannounced complaint investigation visit. LPA met with Administrator, Gregory Bogart, LPA explained the purpose of the visit.
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4	Regarding the allegation that staff do not prevent residents from smoking inside the facility, the Department conducted an investigation and based on interviews, document review, and information obtained during the visit, there is insufficient evidence to establish that the facility did not take action to address R1's smoking inside the facility.
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8	Although the above allegations may have happened or are valid, there is not a preponderance of evidence to prove whether the allegations did or did not occur, therefore the above allegations are UNSUBSTANTIATED. Report is reviewed and a copy of this report is provided to the administrator.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Brenda Chan

LICENSING EVALUATOR NAME: Yi Sam Jian

LICENSING EVALUATOR SIGNATURE:

DATE: 08/25/2026

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/25/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

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